## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/16/2010</u>	Address:	1 BUCK CRK RD
Case #:	<u>33F30111</u>		LINTON, IN
County:	Greene		
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
(check all the Lithium I Red Photosite I Corrosite I Corrosite I Corrosite I Red Photosite I Lithium I Red Photosite I Lithium I Red Photosite I I I I I I I I I I I I I I I I I I I	nd: Location (bedroom, kitchen, open ain apply)  n/Ammonia Reaction(s): BARN  osphorous/Iodine Reaction(s):  able Solvents: BARN  Reactive Metal (Lithium): BARN  ous Ammonia: BARN  hloric Acid Gas Generator(s):  ve Acid: BARN  ve Base:  tem and location):	r, etc)	
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services t is to be faxed to the following ager	☐ Ephedrin ☐ Retail/M ☑ Other: <u>SF</u>	e Information  De/Pseudoephedrine Tracking Logerchant Tip  EARCH WARRANT  Ocation:
Health Dep	ment: Linton Fire Dept eartment: Greene Co Health ection Service:	Fax: <u>Hand</u> Fax: <u>812-3</u> Fax:	884-2037
For further information regarding this methamphetamine laboratory, contact  Investigating Officer: Jon Patrick  Phone 812-332-4411			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.